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APPLICANTS

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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance XLN 6/10/04 Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
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TITLE

Torsional magnetorheological device

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